

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	CS		4-1
O.I.P.E. CLASSIFIER			11-600
FORMALITY REVIEW	36R	67718	5/24/00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 □ ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	6 10 7 6
51	Do
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
58	✓
59	✓
60	✓
61	✓
62	✓
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94	✓
95	✓
96	✓
97	✓
98	✓
99	✓
100	✓

Claim	Date
Final Original	6 10 7 6
51	Do
52	✓
53	✓
54	✓
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57	✓
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100	✓

Claim	Date
Final Original	6 10 7 6
101	✓
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138	✓
139	✓
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141	✓
142	✓
143	✓
144	✓
145	✓
146	✓
147	✓
148	✓
149	✓
150	✓

If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)